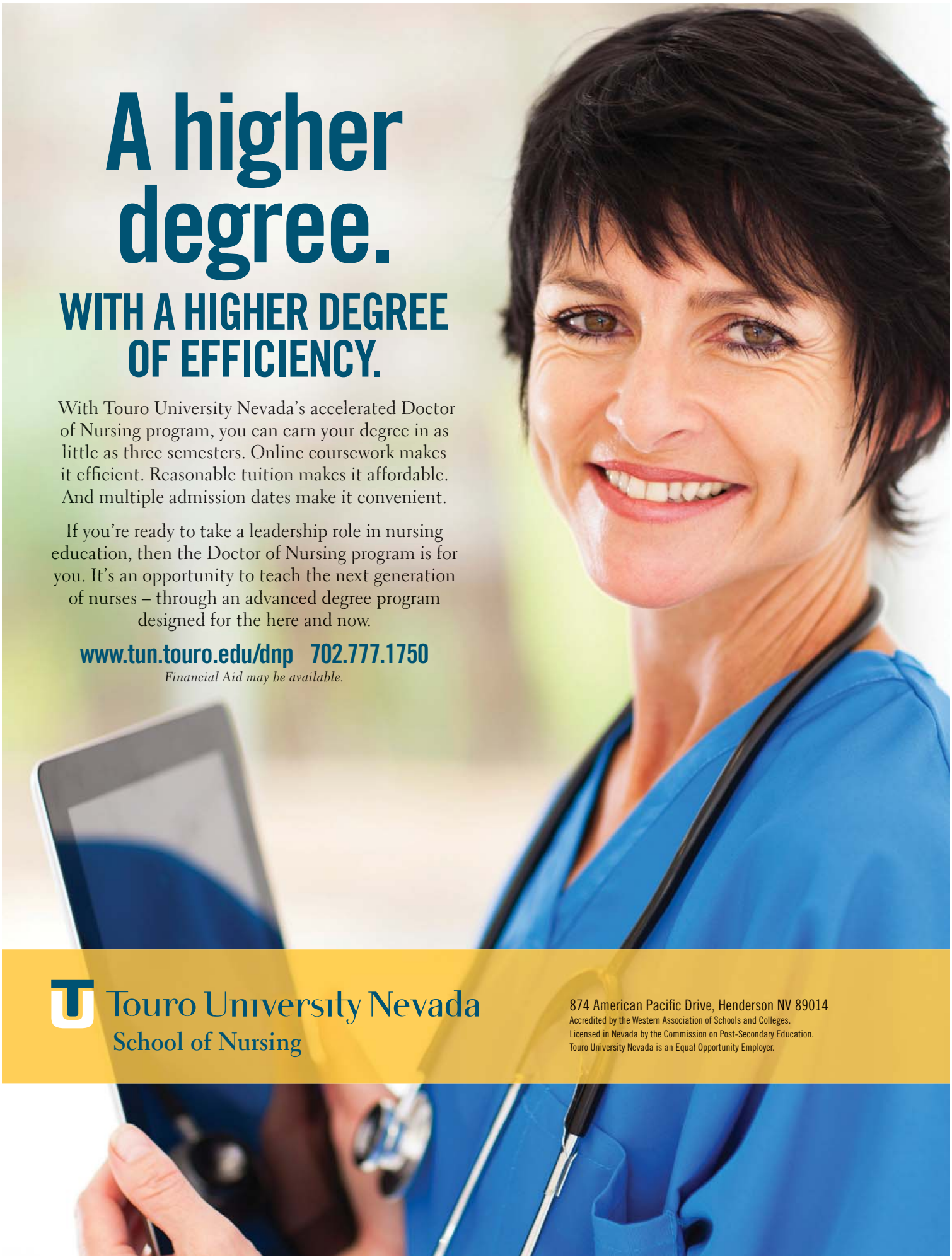
Nevada State Board of
NURSING NEWS
September 2013

AB 170 PASSES AND IS SIGNED
Nurse Practitioner Full Scope of Practice.

Pictured here (left to right) : Assembly woman Maggie Carlton, Debra Scott, RN, MSN, EO NSBN, Matthew Khan, DNP, APRN, Susan VanBeuge, DNP, APRN, and Tomas Walker, DNP, APRN

MANDATORY SURVEY FOR Nurses on renewal



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The mission of the Nevada State Board of Nursing is to protect the public's health, safety and welfare through effective regulation of nursing.

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MESSAGE

FROM THE EXECUTIVE DIRECTOR

Debra Scott, MSN, RN, FRE

What a whirlwind of a summer it has been! With the end of the 2013 Legislative Session, I thought that things might slow down, but that hasn't been the case.

The Nevada Advanced Practice Nursing Association and the bill's sponsor, Assemblywoman Maggie Carlton, worked diligently to pass AB170. The NSBN voted to support the bill as it worked its way through the Legislature. With the bill's passage, how APRNs are regulated is changing in Nevada. The bill, in simple language, accomplished three things—it changed the APN certificate of recognition to an APRN license, it changed the title of advanced practitioner of nursing (APN) to advanced practice registered nurse (APRN), and it removed the requirement for APRNs to work under a collaborative agreement with a physician, unless the APRN has clinically practiced less than 2 years or 2000 hours and intends to prescribe Schedule II Controlled Substances. Communicating to the stakeholders in the state has been our priority. In early July, the NSBN sent out an open letter to all actively licensed/certified APRNs informing them of the changes. Then another letter went out to more than 800 APRNs who have prescribing privileges asking for information to ascertain which APRNs would require collaboration with a physician in order to prescribe Schedule II Controlled Substances. The NSBN has received numerous calls and emails with questions about the implementation of the bill.

AB170 became effective on July 1, 2013. The NSBN enlisted the assistance of various stakeholders to begin the process of revising the Nevada Administrative Code, or regulations. Our Implementation Working Group has met twice for discussion about the conceptual framework that must be operationalized in regulation to give parameters to the Board, licensees, and the community for the safe delivery of care by APRNs in Nevada. In addition, we have assistance and guidance from our representative from the Attorney General's Office. We want to give due diligence to meet the intent of the law and be clear in regulatory language.

The regulations are in the process of being drafted. This begins the public process of regulatlon promulgation, a process which will be outlined and reported on the NSBN website, as well as all legally required notification sites, as we progress. It is important that all those interested in participating be aware of the date and time of all public workshops, hearings, and other public meetings. Please be part of this very important process.

Collaboration among healthcare providers is imperative for safe, effective, and quality services to our patients. By removing the legal requirement for a formal, written collaborative agreement for APRNs to practice within their nationally recognized scope of practice based on their education and competency, there was no intent to negate the importance of professional collaboration among professionals. The NSBN is acutely aware of the benefit, and even the necessity, of excellent communication and collaboration among the healthcare team.

My words this quarter for this edition of the NSBN Nursing News Magazine are intended to remind all those who care for patients that working as a team is in the best interest of patients. Putting patients first, above turf battles, above power struggles, and above competing for financial reward must be the foundation of our practice. I trust that we will commit to putting those we care for at the forefront of every decision we make in the delivery of healthcare services.

Sincerely,

WORDS

FROM THE PRESIDENT

Tish Smyer, DNSc, RN, NSBN President

"Having knowledge **but lacking the power to express it** clearly is no better than never having any ideas at all." Pericles.

Last week I had the honor of attending the 35th annual National Council of State Boards of Nursing (NCSBN) Delegate Assembly in Ireland. The NCSBN is composed of fifty U.S. states, the District of Columbia, four U.S. territories-American Samoa, Guam, Northern Mariana Islands, and the Virgin Islands with 13 international associate members. These national and international regulators were united on one clear message about public safety. Note the clarity and congruence of these mission statements. The NCSBN's mission is to provide education, service, and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection. Similarly, the Nevada State Board of Nursing's mission is to protect the public's health, safety, and welfare through effective nursing regulation. Clearly public safety is the primary mission of national and international boards of nursing.

However, related to the matter of clarity, when I read the above quote by Pericles, I always think of communication within the nursing profession itself. We often lack clarity when presenting the profession to the public; for example, multiple entry level degrees and multiple initials from academia or professional credentialing organizations. I too often have to ask, "What do those letters after his/her name mean?" As the profession works toward standardized degrees and credentials, I believe we can express with clarity the nature of our profession. An example of effective communication and message delivery was the work of the Advanced Practice Nurses in the state who effectively worked for autonomous practice, which became a reality in July 2013. We have knowledge of our profession but often lack the power to express it clearly; Pericles says that is like having no idea at all! What we do know with clarity is that the nursing profession is trusted more than any other profession, according to the PEW polls for the last ten years.

In case you were wondering, Pericles was a Greek general from 495 to 429 BC, who was known for his oratory skills and statesmanship. The period of 461-429 BC is known as the "Age of Pericles." This is pertinent to us, as it was Pericles whose promotion of the arts and literature led to Athens becoming the educational and cultural center of ancient Greece. In other words, he got things done! He led because he could express his ideas clearly, often preparing and practicing his orations before delivery. How the nursing profession expresses itself in the new health care arena will depend on clarity and clear expression of ideas. I believe the "golden age" of nursing is ahead of us as we deconstruct and reconstruct our profession into meeting the health care needs of patients and communities nationally and globally. Nursing regulation will evolve to meet emerging roles.

MANDATORY WORKFORCE SURVEY FOR NURSES ON RENEWAL

By Jeannette Calderon

Effective August 14, 2013, a mandatory workforce survey consisting of 17 questions was added to the on-line renewal application. The questions are on the subject of licensure, education and employment status as well as practice settings. The survey will give NSBN accurate workforce data on Nevada nurses. The survey will increase the time it takes for your online renewal but the benefits of the data for Nevada are tremendous. Currently, in order to plan for the healthcare needs of Nevada citizens much information about how many jobs nurses work and where they work in Nevada is critical to planning. So this will help answer questions specific to Nevada's nursing workforce, age, how many work two or more jobs, level of education of Nevada Nurses.

The Health Resource and Services Administration (HRSA) has reported the numbers of registered nurses for decades but their latest report was completed in 2008. Therefore, the Forum of State Nursing Workforce Centers and National Council of State Boards of Nursing (NCSBN) teamed up to create the 2013 National Workforce Survey of RNs. The Highlights of National Workforce Survey of Registered Nurses was published in the July 2013 Journal of Nursing Regulation. The survey was conducted from January through March 2013. A stratified sample by state of 108,250 RNs was surveyed of the more than 4 million active RN licenses. 42,294 responded for a good survey response rate of 39%. The data included current demographics such as: gender, age and race/ethnicity; also, the level of education, active license holders and what percentage are currently in practice, primary nursing practice settings/positions, and practice specialties. The survey showed a trend of a 6% increase in male nurses in the workforce. The average age of nurses who responded to the survey was 50 years and half of those working in nursing were over 50 years of age. The minority nurse population increased by 17%, which include ethic groups of Asian, Black/African American, and Hispanic/Latino nurses. 72% of faculty were over 50 years of age, only 14% of faculty were under 40 so younger nurses are not choosing nursing education. The 2013 National Workforce Survey for RNs concluded that the RN workforce is always changing and must be surveyed continuously to plan for the healthcare needs of the nation.

REFRENCES

Journal of Nursing Regulation. (July 2013). Highlights of the National Workforce Surveys of Registered Nurses; Jill S. Budden, PhD, Elizabeth H. Zhong, PhD, Patricia Moulton, PhD, Jeannie P. Cimiotti, DNSc, RN

NURSE AUTHORS NEEDED

What exciting evidenced based changes are you making to nursing practice in Nevada. Please Contact Roseann Colosimo 702 668 4528 so we can share your best practices with all Nevada nurses.

AB 170 passes and is signed Nurse practitioner full scope of practice

By Susan S. VanBeuge, DNP, APRN, FNP-BC, CNE, FAANP
Tomas Walker, DNP, APRN, BC-ADM, CDE

The last two legislative sessions have seen constant change for Nevada's Advanced Practice Registered Nurses (APRN). In the 2011 session, advanced practice nurses proposed statute changes to require national certification in their area of practice. Prior to the statute change, Nevada was one of four states not mandating certification as a requirement of practice. This brought Nevada one step closer to the APRN Consensus Model as developed by the National Council State Board of Nursing to describe the roles and foci for APRNs in the USA (NCSBN, 2008).

In 2011, APRNs in Nevada voted to separate from the state nurses association after a 28-year relationship, creating their own nurse practitioner-centric organization representing the interests of Nevada's NPs. This allowed Nevada's NPs to chart their own path forward creating an agenda of concerns specific to the needs of APRNs in Nevada.

Plans for the 2013 legislature began with conversations with legislative leaders, a withdrawn bill draft request and the development of long-term relationships formed to support the changes we sought. This journey began when the first advanced practitioner of nursing (APN) certificate of recognition was granted on September 28, 1979. At that time APNs were required to sit before an interview committee from the Board of Nursing, Medicine, Pharmacy and others to obtain their certificates of practice. Prescribing privileges would come much later after numerous challenges.

In this most recent session, our legislative champion was Assemblywoman Maggie Carlton (D- Las Vegas), district 14. As the sole original sponsor of Assembly Bill 170 (AB 170) she took us through thick and thin to the culmination of Governor Sandoval's signature on June 3, 2013. From beginning to end, it took countless hours of work, writing, calling, and networking by many people for whom there cannot be enough gratitude or thanks given. Prior to the November 2012 election, Senator Sheila Leslie, a long time supporter of nursing and sponsor of Senate Bill 205 requiring national certification for practice, submitted a similar bill to the Senate Health and Human Services Committee and this became known as Senate Bill 69 (SB 69). This bill was heard in session in the Senate Commerce, Labor, and Energy committee on February 27, 2013 - the same day AB 170 was heard in the assembly. Senate bill 69 did not progress and timed out of the session in April.

Assembly bill 170 wound its way through the process from the day it was created as a bill and read for the first time on the assembly floor February 25, until it was signed June 3. There are three changes in statute realized from AB 170:

1. Nevada nurse practitioners title is Advanced Practice Registered Nurse (APRN).

2. Nevada APRNs have a "license" to practice and not a "certificate of practice."

3. APRNs are not required to have a collaborative agreement to practice with one exception. If the APRN has 2 years or 2000 hours of documented practice experience, they will not require a collaborative agreement for practice. If the APRN is a newly graduated NP, or has less than 2 years or 2000 hours of practice experience, they will require a collaborative agreement to prescribe Schedule II medications during this period.

Nevada's APRNs are proud of the final outcome of this legislative session and recognize that AB170 has increased access to care for all of Nevada's citizens.

REFERENCE

National Council State Board of Nursing (2008). Consensus Model for APRN Regulation: Licensure Accreditation, Certification & Education. Downloaded from https://www.ncsbn.org/Consensus_Model_for_APRN_Regulation_July_2008.pdf

PERSONNEL LIST

By Rhoda Cope

The Nurse Practice Act (NRS 632.125) states hospitals and agencies employing nurses, nursing assistants and medication aides certified are required to submit a list of personnel to the Board at least three times yearly.

Over 500 facilities submit these reports to the Board. The task of copying the blank forms to be sent out along with the expense of mailing out the blank forms was extensive; the Board revised the procedure for submitting completed forms.

This new procedure decreases costs and increases efficiency for Board staff and the Board is hopeful that it helps facilities as well.

To summarize the new procedure:

The Board no longer sends hard copy reminders nor accepts hard copy personnel lists. The Board will send you an email reminder that your personnel list is due if we have an email address on file for your facility. All personnel lists must be submitted in an electronic format (PDF, Word, Excel, etc.) to the Board's general email address nursingboard@nsbn.state.nv.us. Your facility may use any electronic format available to generate the list. The Board provides a form for facilities to use but personnel lists do not have to be submitted on the form.

Linda Rowe, CNO for the Carson Valley Medical Center, states "Going electronic is definitely a step in the right direction and it's less paper to keep track of."

Melodie Osborn, CNO for Renown South Meadows Post Acute Services also said "Emailing the list makes more sense and is definitely easier and faster especially for a large facility like ours. We had no difficulty making that switch"

If you have any questions, please feel free to contact Rhoda Cope at the Board office at (888) 590-6726

Nevada State Collaborative on Lateral Violence in Nursing presents

Lateral Violence in Nursing
TRAIN THE TRAINERS

Supported by

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NEVADA NURSES ASSOCIATION

University of Nevada
School of Medicine

Peggy Dulaney, MSN, RN, will present this highly interactive, one and one-half day training in Las Vegas and Reno. The train the trainers is focused toward Clinical Nurse Educators and Nursing Faculty, who can take the training back to their organizations and present to other nurses.

Las Vegas

September 23, 2013, 8 a.m.-5 p.m., & September 24, 8 a.m.-3 p.m.

Complete Medical Consultants
1485 West Warm Springs Road, Suite 109
Henderson, NV 89014

Reno

September 26, 2013, 8 a.m.-5 p.m., & September 27, 8 a.m.-3 p.m.

Saint Mary's Regional Medical Center
235 W 6th St
Reno, NV 89503

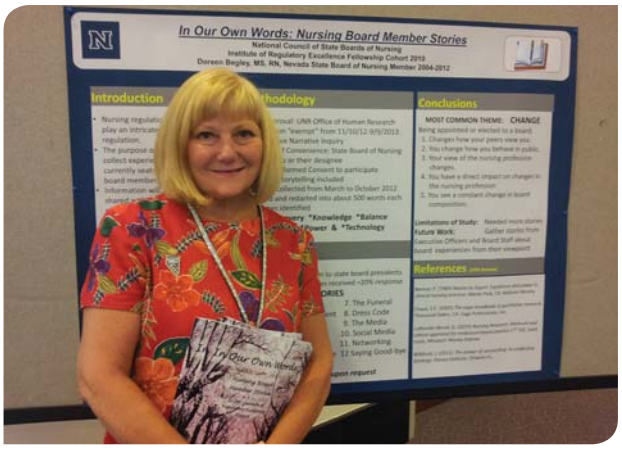
The training fee of $50 will cover the cost of materials and registration, refreshments, & lunch on both days. CEUs pending. Space is limited. Please contact Margaret Curley at 775-747-2333 or email nna@hdiss.net to register. Scholarships are available for nurses from rural Nevada. Email Cory Martin cmartin@medicine.nevada.edu to apply.

In 2007, Ms. Dulaney began working with Upstate AHEC as Curriculum Coordinator of a 3 year Federal grant to address the problem of lateral violence in nursing. The project involved working with schools of nursing and employers of nurses in the eleven upstate counties to improve the environment of practice through better conflict management. The goal was to improve recruitment and retention of nurses. In her capacity with Upstate AHEC, she not only taught numerous workshops on lateral violence, but also taught all of the trainings for new trainers and for leadership groups. The project eventually went statewide.

Since 2009, Ms. Dulaney has co-chaired the SC Coalition on Disruptive Behavior (formerly called the SC Lateral Violence Task Force) which is a statewide organization of leaders from practice and education, united to improve the environment of practice for all nurses by eliminating all forms of disruptive behavior. The Coalition publishes articles and other resources to assist those who are working to combat disruptive behavior. They have also sponsored three statewide conferences and made presentations to leadership groups around the state.

NSBN

Top: Doreen Begley Previous board member and NSBN president completed the Regulatory excellence Fellowship with the National Council of State Boards of Nursing and was awarded her designation of Fellow of Regulatory Excellence FRE. She is the second nurse from Nevada to achieve this distinction. The first was Executive officer Debra Scott. Doreen's project was to create a book of stories from board members and presidents of critical learning moments in regulation.



Bottom: Dr. Tish Smyer and Jenn Snidow were the delegates for Nevada at the NCSBN, annual meeting, Delegate Assembly at Rhode Island.

E.R.: PATIENT'S DEATH TIED, IN PART, TO NURSING NEGLIGENCE

The thirty-nine year-old patient was brought to the E.R. by her family with head and neck pain, body aches, nausea, vomiting, chills and a rapid heart rate. The triage nurse saw her almost immediately. The triage nurse obtained a medical history which included thyroid and Hodgkin's diseases and migraine head-aches. Her surgical history included an appendectomy, lumpectomy and exploratory spleen removal.

Vital signs obtained by the triage nurse included a BP of 111/68, heart rate 163, temp 102° and reported pain 9/10.

Another nurse took over from the triage nurse as the patient's E.R. nurse. The E.R. physician saw her ten minutes after triage had been completed.

The E.R. physician ordered IV fluids, ibuprofen and medications for nausea and pain. He did a lumbar puncture which returned clear fluid which ruled out bacterial as opposed to viral meningitis.

The physician noted several differential diagnoses in the chart and began the process of discharging her. Her heart rate was still 155. The family, who were just passing through town on a driving vacation, went to a local hotel.

"The E.R. nurses further failed to carry out their responsibility to advocate for their patient against the physician's plan to discharge the patient with vital signs that were abnormal and unstable and indicative of continuing problems."

The next morning they called 911. The patient was brought back at to the E.R. She was intubated immediately, coded within minutes and died after another hour.

Jury Finds Medical Malpractice and Nursing Negligence

The Court of Appeal of Louisiana up-held the jury's verdict finding the E.R. physician 60% at fault and the hospital's nurses 40% at fault. The E.R. nurses should have brought to the E.R. physician's attention the important fact that the patient had had her spleen removed, according to the family's medical expert. The widespread signs and symptoms of infection should have been seen as a potentially life threatening situation for her that should have been handled as such by the E.R. physician.

The nurses also should have advocated for their patient against the physician's plan to discharge the patient in medically unstable condition, the expert believed. Bolton v. Willis-Knighton, __ So. 3d __, 2013 WL 174853 (La. App., April 24, 2013).

A nurse has the legal responsibility to bring important facts expressly to the physician's attention of which the nurse is aware from the medical history or nursing assessment.

The E.R. triage nurse obtained a full medical history from the patient, which included past surgical removal of her spleen.

The E.R. triage nurse entered the patient's medical history into the hospital's computer charting system.

However, the E.R. nurses never specifically mentioned to the E.R. physician that this patient with signs and symptoms of a serious systemic infection did not have a spleen, a fact which could make an infectious process a potentially life-threatening situation.

The E.R. physician admitted he was negligent for not reading the patient's medical history in her computer chart. The jury found him 60% at fault and the hospital's nurses 40% at fault.

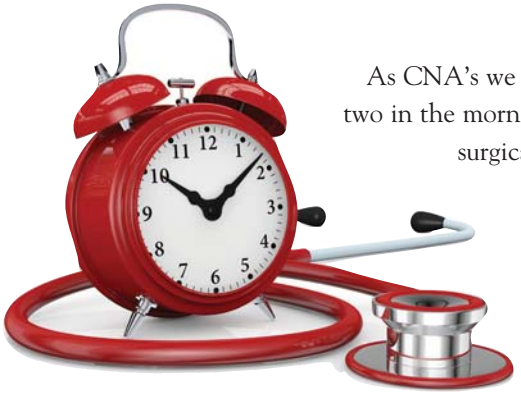
The E.R. nurses further failed to carry out their responsibility to advocate for their patient against the physician's plan to discharge the patient with vital signs that were abnormal and unstable and indicative of continuing problems.

COURT OF APPEAL OF LOUISIANA April 2013

Editor note: This article was reprinted with permission from Ken Snyder of the Legal Eagle Eye Newsletter for the Nursing Profession, subscription information for the newsletter can be found at www.nursinglaw.com

CNA CORNER • SILENCING ALARMS

By Jenn Snidow



As CNA's we have all been there. It's two in the morning, and your recovering surgical patient hasn't been able to sleep all night. There are frequent interruptions: nurses, doctors, lab assistants coming in to check on him, persistent family members who want ensure their loved one is receiving the best care possible, and the monitoring that requires constant checks by nursing personnel. Your patient is cranky and tired, and you want to help him get some much needed sleep. But his alarms keep sounding, keeping him awake and on the call light.

It is important as CNA's that we know which alarms we can and cannot silence. The alarms have become such a huge patient safety issue across the country, that a possible national patient safety goal starting January 1, 2014 will be alarm management.

Just as the post surgical patient is tired of alarms, there is much in the news and professional literature about alarm fatigue by doctors, nurses and all care givers.

Ronal Wyatt Medical Director of The Joint Commission writes "As more medical devices are being connected to patients, the opportunities for patient harm increase. A typical critical care unit has over 150 alarms per patient per day. Many alarm-based devices are not standardized or there is inconsistent use of alarms." He continues

"Medical alarm fatigue has been identified by The Joint Commission as a major contributing factor in 80 deaths, 13 patients with permanent loss of function, and five patients who required unexpected additional care or extended stays, from June 2009-June 2012. Thus, the impact of alarm hazards is having a devastating impact on patients and their families. It is estimated that 85-99 percent of alarms do not lead to required clinical interventions"

It is important for the certified nursing assistant to know the policies and procedures about which alarms the CNA is competent to respond to and how to facilitate the RN or MD If the alarm needs attention of the another healthcare team member. Imagine your patient's IV alarm is sounding. He moved his wrist and there is an occlusion in his IV line, stopping the flow of fluids. Your patient wants to get to sleep and you know his nurse is busy and it will be a few minutes before she can get to him. It would be so easy to reach over and hit the silence button on the IV pump, just to give your patient a few minutes rest. You can not do it. It is a practice violation and can lead to disciple for practicing outside your scope of practice. The IV needs the assessment of the nurse.

How should you handle this? You have to explain to your patient that this is outside your scope of practice, and you have to find either his nurse or a charge nurse on the floor to silence the alarm. Remind him that you are ensuring that he receives high quality and appropriate care and while inconvenient, his IV line needs the assessment of a registered nurse. Your patient may be unhappy with you, but it is vitally important that as CNA's we practice within our scope of practice for the health and safety of our patients.

BOARD TALK

BOARD MEETINGS

A seven-member board appointed by the governor, the Nevada State Board of Nursing consists of four registered nurses, one practical nurse, one certified nursing assistant and one consumer member. Its meetings are open to the public, agendas are posted on the Board's website and at community sites.

• COME TALK TO THE BOARD

During each regularly scheduled meeting of the Nevada State Board of Nursing, Board members hold a Public Comment period for people to talk to them on nursing-related issues.

If you want to speak during the Public Comment period, just check the meeting agenda for the date and time it will be held. Usually, the Board president opens and closes each day of each meeting by inviting Public Comment. Time is divided equally among those who wish to speak.

For more detailed information regarding the Public Comment period, please call the Board.

• WE'LL COME TALK TO YOU

Board staff will come speak to your organization on a range of nursing-related topics, including nursing education, continuing education, delegation, the impaired nurse, licensure and discipline processes, and the Nurse Practice Act.

BOARD MEETING DATES

September 18-20, 2013 Las Vegas
November 6-8, 2013 Reno

ADVISORY COMMITTEES

The Nevada State Board of Nursing is advised by and appoints members to five standing advisory committees. Committee meetings are open to the public; agendas are posted on the Board's website and at community sites. If you are interested in applying for a committee appointment to fill an upcoming opening, please visit the Board's website or call the Board office for an application.

MEETINGS AND OPENINGS

The openings (listed in parentheses) will occur in the next six months. All meetings will be held via videoconference in Reno and Las Vegas.

Advanced Practice Registered Nurse Advisory Committee (one)
November 19, 2013

Certified Nursing Assistant/MA-C Advisory Committee (two) *
October 17, 2013

Disability Advisory Committee(none)
October 18, 2013

Education Advisory Committee (none)
October 24, 2013

Nursing Practice Advisory Committee (none)
October 8, 2013
December 10, 2013

*One Long Term Care RN and one MA-C

YOU'RE IN GOOD COMPANY

Active Nevada licenses/certificates on August 12, 2013

APRN • 892 **CNA** • 7,903 **LPN** • 3,337 **RN** • 28,771 **MAC** • 3

DON'T SUBMIT A FRAUDULENT APPLICATION!

If you swear you completed CEs, you must be able to prove you did if you're audited

As it states on your renewal application, you must keep copies of your continuing training/education certificates for four years, in case you are selected for random audit. If you cannot prove you met the renewal requirements for nurses (30 continuing education credits) or CNAs (24 hours of continuing training/education), *your application will be considered fraudulent and you may be subject to disciplinary action.*

Nurses: the Board is also auditing for compliance with the one-time renewal requirement for a four-hour bioterrorism course. You must keep a copy of your bioterrorism certificate of completion indefinitely.

MOVING?

Now you can change your address online!

The law requires you to inform the Board when you change addresses

You're required by law to inform the Board, in writing, of any address change, including a zip code change. The easiest and fastest way for you to make your address change is to go to the Board's website and click on the Address Change link. You may also send an email to nursingboard@nsbn.state.nv.us, call the Board and request an address change form, or mail a signed letter to the Las Vegas office. Remember to include your name, license or certificate type and number, former address, current address, social security number, date of birth, and email address.

LEGISLATURE

• The 77th (2013) session of the Nevada Legislature adjourned sine die on June 3, 2013. The following Bills became Laws when they were passed by both houses and then approved by the Governor:

Senate Bill 74 - Revised the Open Meeting Law.

Senate Bill 199 - Revised criminal laws related to performing certain health care procedures or surgical procedures without a license.

Senate Bill 220 - Revised procedures related to professional licensing boards.

Senate Bill 327 - Made various changes to provisions related to the practice of certain health care professions.

Senate Bill 362 - Made various changes to provisions related to the staffing and work assignments of certain health care professionals.

Senate Bill 453 - Made various changes to the availability and use of auto-injectable epinephrine in schools.

Assembly Bill 65 - Revised the Open Meeting Law.

Assembly Bill 170 - Made various changes to provisions related to the advanced practice of nursing.

Assembly Bill 228 - Made various changes on the provision of voluntary health care services.

Assembly Bill 252 - Made various changes to the Administrative Procedures Act.

Assembly Bill 408 - Made various changes to the Administrative Procedures Act.

Assembly Bill 445 - Revised the Open Meeting Law.

Assembly Bill 456 - Made various changes related to advertisements made by health care professionals.

For more information about these Bills and the 77th (2013) session of the Nevada Legislature, visit the Nevada State Legislature website found at www.leg.state.nv.us.

WHAT TO DO WITH NEW GRADUATES?

By Roseann Colosimo, Mira Santos and Camatchy Radjassegarane

Saint Rose Dominican Hospital has developed a hybrid program to address the lack of Critical care nurses. Susan Adamek (Education Director) with collaboration of nursing leadership team developed the program from the existing Versant program, ECCO (Essentials of Critical Care Orientation) online modules and classroom teaching creating a clinical and didactic pathway of learning. The program adopts the Banner model of utilizing both novice and expert seasoned preceptors.

With the exposure of previous resident experiences, the Director for ICU/IMC, Ourida Diktakis, the manager for IMC, Mira Santos and the educator for the unit Camatchy Radjassegarane created a guideline for the new grad program to fit into the learning needs of the new graduates, which will guide them with their learning process in a step by step manner. The key is providing the fullest support to the new graduates at every step of their clinical learning. The ongoing evaluation assisted them to provide the students constructive feedback on an ongoing basis, which was also considered as another reason for the success of the program.

Saint Rose Dominican Hospital Siena Campus Chief Nursing executive Monica Byers states she is looking for nurses who are passionate about providing an excellent patient experience.

The competition for a space in this program is fierce. 40-50 applications results in 8-10 interviews and finally 3-4 selected for the program. This is a true new graduate program; applicants cannot be out of school more than a year and must have never worked as RN. Ms Santos and Ms Radjassegarane focus on supporting this program for the development of IMC nurses. The program has 12 weeks of didactics and clinical with an extra 4 weeks exposure with a preceptor. The new graduate program has them rotate to the cardiac catheterization lab, same day surgery, which permits the new graduate to understand the whole process and better educate their patient about procedures. The graduates of the program Elizabeth Zakis, Thaninee Kumthavai and Leigh-Ann Biggs were absolutely exuberant about the program but emphatically

stated the program was much harder than nursing school. They each were in different cohorts and Elizabeth has been out of the program a full year. She states that her other experiences have permitted her to be a wound warrior, and achieve stroke patient certification. Leigh-Ann describes a strong bond to "our unit" and states she is most proud that everyone helps out, there are no stupid questions and everyone values the nursing team approach to give best safest care. Thaninee said that although unit is crazy busy, the helpful atmosphere encourages new graduates to develop confidence. They are all proud to have skills that they are sent to medical surgical units to help other nurses perform.

Ms Santos and Ms Radjassegarane the nurse leaders had goals in mind of avoiding the "eating your own syndrome," making sure the new graduate feels heard and retaining excellent young nurses. The seasoned nurses on the unit have embraced the program and with the change to the electronic medical record, the younger nurses are computer friendly and share that technology savvy knowledge with seasoned nurses.

With all of the transition difficulties facing new graduates today, this new graduate program is developing excellent confidence and clinical reasoning in new graduates!

Have a question?
Give us a call.

Nevada State Board of NURSING NEWS

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LEADING WITHOUT LIMITS

NONL
Nevada Organization of Nurse Leaders

A professional non-profit organization that develops nurse leaders, advances professional practice, influences health policy and promotes quality and patient safety.

Conference focuses on Leading without Limits.

The importance of nursing leadership on the future of healthcare will be the theme of the Nevada Organization of Nurse Leaders Annual Conference. The conference, themed **"Leading without Limits," will be held November 6 – 7, 2013 at Peppermill Hotel / Casino in Reno, Nevada**.

The conference will cover topics such as how to lead courageously, the nurse leaders role in fostering an environment of respect, the impact of legislation, nursing, and the aging of the boomers on the healthcare environment, and strategies to create a great patient experience.

Our annual program and business meeting will be held in **Northern Nevada for 2013**. This year your conference will be held at the fabulous **Peppermill Resort Spa Casino**! The theme of this conference is: **"LEADING WITHOUT LIMITS".** There are many exciting speakers and panels, all designed to help nurse leaders and nursing shine during the many changes with healthcare reform!

- ✓ **Chip Madera,** MS, CSP,—"**COURAGEOUS LEADERSHIP**: Strategies for Leading Without Limits" (2012 NONL Conference speaker back by popular demand)
- ✓ **Bob Murphy,** RN, Esq., FACHE, (from the Studer Group)—"**Nursing Impacts on HCAHPS, Respect, Listening, & Explanation**"
- ✓ **Bill Welch,** President and CEO of the Nevada Hospital Association, **Impact of Nevada Legislature on healthcare**
- ✓ **Christine Horton,** MSN, RNC, CENP, Flex Ed's Chief Clinical Officer**—leads our** break-out sessions on **Wednesday targeting educational needs of front-line nursing leaders and charge nurses**
- ✓ **Susan Reinhard,** PhD, RN**—Future of Nursing Campaign**
- ✓ **Dr. Frances Stokes,** DNP, APRN, ACNP-BC,—"**What the Silver Tsunami Means for Health Care**"
- ✓ **Jenn Mahan**, BSN, RN—"**A Bridge to Somewhere: Staff RN to Leader**"
- ✓ **Panel:** "**A New Model of Clinical Instruction**: Dedicated Education Unit (DEU)", Panelists: **Carolyn Yucha,** PhD, RN, FAAN, CDE, **Tish Smyer,** DNSc, RN, CDE, **Lynette Ball,** MPA, RN, FACHE, **Jennifer Millet,** MS, RN
- ✓ **Cindy Madera,** RN "**IMAGINE WORKING FOR A MOUSE**: Disney Strategies That Create The Ultimate Patient Experience"

This conference offers a unique experience for attendees and exhibitors alike. The exhibitors will be located in the conference space, which encourages open and frequent communication between attendees and exhibitors. Consider attending this conference in RENO, NV. More information is available at www.nonl.org or call NONL at (702) 933-6356**.**

Cosmetic Procedures – An Important Update

By Chris Sansom, MSN, RN

Nursing is a dynamic profession, which is why we must all be aware of changes in practice. In March 2012 the Board of Nursing rescinded (withdrew) its Cosmetic Procedures Practice Decision for registered nurses. The decision was withdrawn based on Board investigations in collaboration with the Board of Pharmacy. Investigations included 'Botox parties,' 'medical spas,' and private offices. Board investigations revealed that registered nurses were performing cosmetic procedures and administering dangerous drugs, such as Botox, based on a protocol; however, a qualified licensed practitioner had never actually seen the patient to prescribe treatment. A qualified licensed practitioner is the prescribing physician, advanced practice registered nurse, physician assistant, dentist or podiatrist. There has been a large increase in cosmetic procedures in recent years, and these issues have been previously addressed by the Board.

In June 2012, Carolyn Cramer, then General Counsel for the Board of Pharmacy, wrote an article in this magazine titled, "Why Can't a Registered Nurse Possess and Administer a Drug Pursuant to a Written Protocol?" The article stated, "In order for the practitioner to have prescribed a drug for a nurse to administer, the practitioner must have a bona fide therapeutic relationship with the patient." Clearly, this was not the case with some performing cosmetic procedures. It must be clarified that a protocol to administer dangerous drugs for cosmetic procedures without a specific order from a qualified practitioner is not to be confused with a clearly delineated hospital protocol established by nursing, medicine and pharmacy for ACLS for example. The latter is a perfectly legal process, the former is not.

To ensure there is no confusion for Nevada registered nurses (RN) performing cosmetic procedures using dangerous drugs such as Botox, Restylane®, Radisse®, and Juvederm®, the following applies even if the RN is certified in cosmetic procedures:

- The RN must have documented competence of training to be able to administer the medication. This is consistent with all practice and skills that are not part of a nursing education program; and
- The RN must have an order from a qualified licensed practitioner who actually examined the patient; and
- The qualified licensed practitioner must be present to provide access to the dangerous cosmetic medication to the RN. Only a qualified licensed practitioner may control access to these drugs. The qualified licensed practitioner is responsible for controlling and supervising access to the cabinet where the dangerous cosmetic drugs are stored. The qualified licensed practitioner does not have to physically hand the medication to the RN. The RN may retrieve the medication, after the cabinet has been opened by the qualified licensed practitioner.
- The licensed practitioner must be physically present in the office when the RN administers the cosmetic drug to the patient.
- Latisse® may not be dispensed by a RN. If the qualified licensed practitioner has a dispensing license through the Board of Pharmacy, the practitioner may dispense it.

There are many registered nurses legally and effectively performing cosmetic procedures in Nevada. The Board's mission is to protect the public by regulating the practice of nursing. One of the ways the Board accomplishes this is by periodic review of practice, collaboration with other health care regulatory agencies, and by educating nurses and the public.

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